

# INTRODUCTION

In the rapidly changing health care environment of the 21st century, information is more critical than ever before. Critical to the process of community health improvement is the availability of high-quality and comprehensive health data on the population. This report, *The Health of Angelenos*, is designed to provide such data at the county level, focusing not only on specific health conditions, but also on health behaviors, access to and utilization of health care services, and attributes of the social and physical environment that influence health.

In communities across the country, local citizens are developing partnerships with government agencies, health care providers, nonprofit community-based organizations, the business sector, and others to create a vision of health for their communities, set goals for improving community health and quality of life, and design programs to meet those goals. Local health departments play an active role in many of these efforts, providing leadership, information, and resources. These are natural partnerships. Given the growing recognition of the broad range of factors that directly influence health, many of which fall outside the traditional notions of health (e.g., poverty, education, and community safety), it is increasingly clear that to address our most challenging community health issues, public health professionals and institutions must work collaboratively with their communities to explore solutions.

This report is not intended to provide a comprehensive compilation of all available health data on the county population but to provide information on key health indicators. Where available, statistics for Los Angeles County are compared with those for the state of California and with the national *Healthy People 2000* health promotion and disease prevention objectives. In addition, it is designed to highlight the importance of applying a broad view of health and its determinants when assessing population health and identifying opportunities for intervention. It is also hoped that this report will set the stage for continuing health improvement work in the Service Planning Areas (SPAs), cities, neighborhoods, and other communities. In extending this work to the community level, it is critical that the assessment process and the interventions that follow include the active participation of community members. The Los Angeles County Department of Health Services will prepare health profiles at the SPA level to support this work. During the production of this report, every effort was made to use the most recent data available. Data sources are included in each chapter and in the Appendix to assist the reader with finding the most up-to-date information.

## **The Role of Health Assessment**

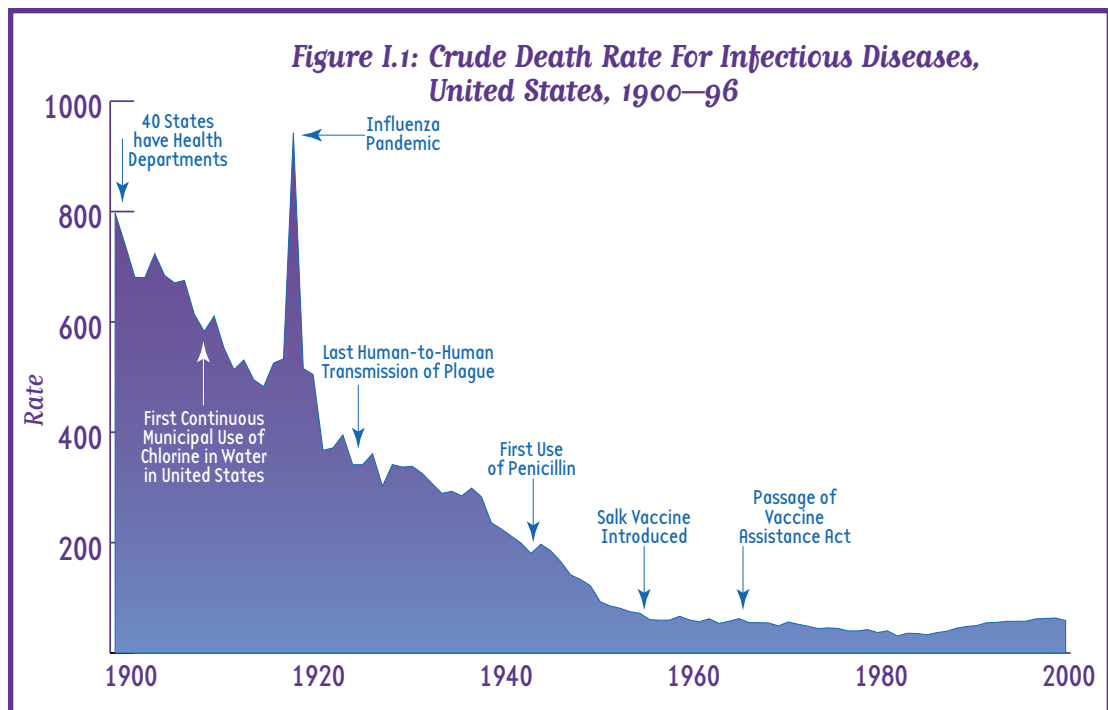
The 1988 landmark report by the Institute of Medicine, *The Future of Public Health*<sup>1</sup> highlighted the importance of health assessment for driving public health action. In that report, ongoing assessment of the health of the population is identified as one of the three core functions of local health departments; the other two are policy development and assuring the availability of necessary personal and public health services.

The report recommends that “every public health agency regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.”

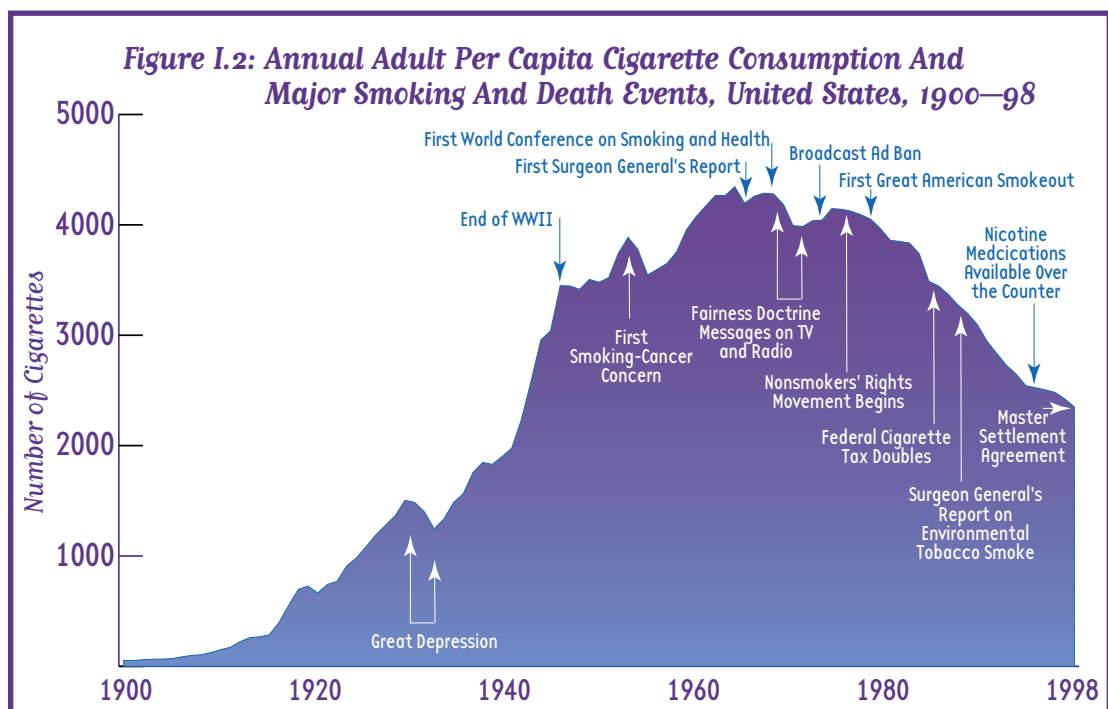
Systematic assessment of the population’s health provides the cornerstone for identifying public health problems within the population, describing their impact across sub-populations, and monitoring trends over time. In addition, population health data are critically important to establish public health priorities, allocate resources, and evaluate the impact of programs and interventions to improve health.

Consider how dramatically the population’s health has changed in the recent past. During the twentieth century, life expectancy increased by nearly thirty years among persons living in the United States.<sup>2</sup> Deaths from infectious diseases declined by more than 85% (see Figure I.1).

Behaviors that affect health have also changed dramatically during the past century. For example, the epidemic of cigarette smoking reached peak levels during the 1950s–1960s and, although per capita cigarette consumption has declined since the mid-1970s (see Figure I.2),<sup>3</sup> smoking remains the single leading preventable cause of death in the United States.<sup>4</sup>

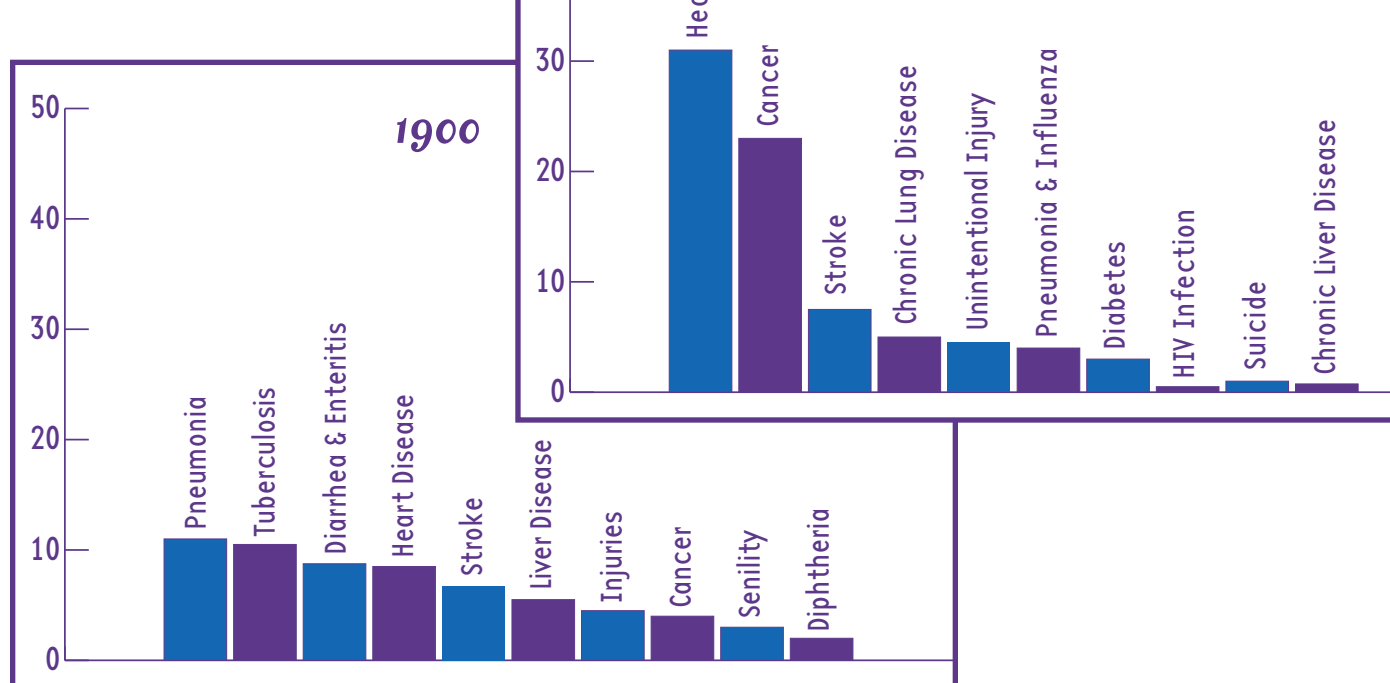


Source: CDC, MMWR, 1999



Source: CDC, MMWR, 1999

**Figure I.3: The 10 Leading Causes Of Death As A Percentage Of All Deaths, United States, 1900 And 1997**



Source: CDC, MMWR, 1999

While pneumonia, tuberculosis, and intestinal infections were the leading causes of death in 1900, heart disease, cancer, and stroke are now the leading killers (see Figure I.3).

In addition, many chronic health conditions that do not routinely cause death, such as depression and arthritis, have become the major sources of disability and reduced quality of life in the Los Angeles County population (see Chapter Four).

### What Is Health?

As public health functions have evolved, so have the definitions of health. In the traditional biomedical model, health is defined rather narrowly as the absence of disease or illness. This definition is limited. It does not account for the ways in which persons perceive their own health and how they respond to illness. Some persons may feel healthy and lead productive lives despite having a chronic medical condition, while others may consider themselves in poor health and have limited function even in the absence of a defined illness.

The World Health Organization (WHO) proposed that health transcends the mere absence of disease and should be viewed more broadly as a state of complete physical, mental, and social well-being.<sup>5</sup> This definition provides an optimistic view of health and takes into account the fact that health is influenced by a wide range of psychological and social forces in addition to the physical and biological processes that have been the focus of modern medicine. In addition, this definition explicitly links health with quality of life and suggests that health provides the avenue through which persons lead productive and fulfilling lives. From the community perspective, the health of the population has a powerful influence on the degree to which a society prospers. For exam-

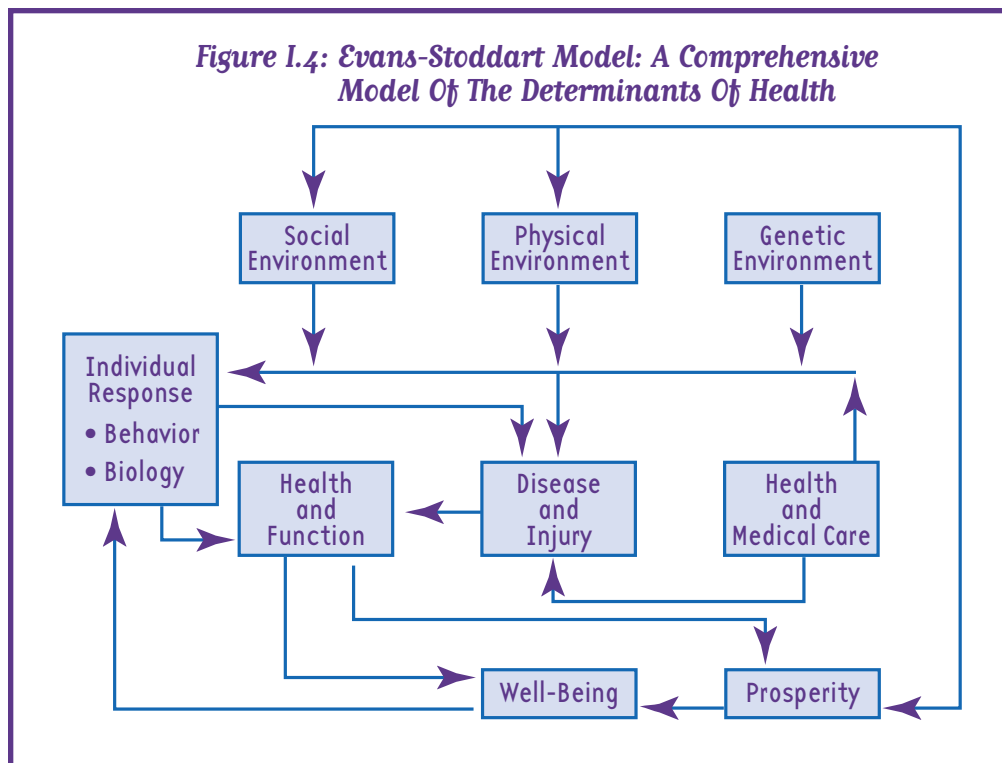
ple, healthy populations are more likely to have high levels of employment and productive work forces. This positive effect is reciprocal and amplified by the fact that a strong economy and improved socioeconomic conditions most often lead to improved health among community members.

In 1997, the Institute of Medicine's Committee on Using Performance Monitoring to Improve Community Health expanded the WHO definition of health as follows: "Health is a state of well-being and the capability to function in the face of changing circumstances. Health is, therefore, a positive concept emphasizing social and personal resources as well as physical capabilities. Improving health is a shared responsibility of health care providers, public health officials, and a variety of other actors in the community who can contribute to the well-being of individuals and populations."<sup>6</sup> By including a functional component, this definition accounts for variation in how individuals cope with illness. In addition, it suggests that health is influenced by a wide range of forces at the individual and population levels, that these forces may change over time, and that the effective promotion of health within communities requires collaboration between professionals from a variety of disciplines and the active participation of those who live in the communities.

## What Determines Health?

A vast amount of research has been done to identify the factors that influence health in populations. Epidemiology, the population-based study of disease and an important part of the scientific foundation of public health, acquired greater quantitative capacity during the 20th century.<sup>7</sup> Much of this work has been integrated into a comprehensive model of the determinants of health, referred to as the Evans-Stoddart Model (see Figure I.4).<sup>8</sup> In this model, the determinants of health are organized into the following six categories: social environment (e.g., family structure, education, and employment), physical environment (e.g., the workplace, air quality, and water quality), genetic environment, individual response (i.e., behavior and biology), health care, and prosperity. Health outcomes are distinguished as three related but separate categories: disease and injury, health and function, and well-being.

Understanding the broad determinants of health provides decision makers with information for resource allocation. For example, smoking is recognized as the major cause of lung cancer and emphysema as well as a major contributor to other serious health problems such as cardiovascular disease. Health care services can help reduce smoking by providing drug treatment to smokers for nicotine addiction as well as counseling and education to nonsmokers to prevent smoking. However, application of a broader



health determinants perspective highlights the fact that the initiation of smoking is very powerfully influenced by one's social environment, including the influence of peers, tobacco advertising, and the price and availability of cigarettes. These social determinants have been very aggressively targeted in California over the past decade through public education campaigns, anti-tobacco advertising, legislation to restrict youth access to tobacco products, and increased cigarette prices through taxation. The cumulative effect of these policies and interventions has been a more rapid decline in the prevalence of smoking in California than in the rest of the country.<sup>9</sup>

## Vision for the Future

*The Health of Angelenos* is the first edition of work that is continuously in progress. Future presentations of information will reflect community concerns, varied geographies, and the availability of new and more complete data. We hope this work contributes to the vital process of community health improvement and supports the continued use of data in education, program planning, policy development, and evaluation in Los Angeles County.

The availability and use of health data to identify health priorities is only the first in a series of steps along the road to improving the health of communities. Given scarce resources, we need to identify the most cost-effective interventions for improving health and evaluate these interventions once implemented. Recognizing the multiple determinants of health will broaden the discussion on the use of interventions. Informed decision-making throughout the process requires effective linkages between a multidisciplinary mix of partners representing local government, other public institutions, private health care, community health agencies, other community groups, and a well-informed public.

### Endnotes

1. Institute of Medicine. *The Future of Public Health*. Washington DC, National Academy Press, 1988.
2. Centers for Disease Control and Prevention. *Control of infectious diseases*. MMWR, 1999; 48:621-29.
3. Centers for Disease Control and Prevention. *Tobacco use-United States, 1900-1999*. MMWR, 1999;48:986-93.
4. McGinnis, JM, Foege, WH. *Actual causes of death in the United States*. JAMA, 1993; 270:2207-12.
5. World Health Organization. *Constitution of the World Health Organization*. Geneva, Basic Documents, 1994.
6. Institute of Medicine. *Improving the Health in the Community: A Role for Performance Monitoring*. Washington DC, National Academy Press, 1997.
7. Centers for Disease Control and Prevention. *Achievements in Public Health, 1900-1999: Changes in the Public Health System*. MMWR, 1999; 48(50);1141-7.
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9. Pierce, JP, Gilpin, EA, Emery SL, et al. *Has the California tobacco control program reduced smoking?* JAMA, 1998;280:893-99.